

Permanent Supportive Housing Protocol

Guidelines for Permanent Supportive Housing
Communities Serving Chronically Homeless
Individuals and Families in Utah

State of Utah

September 2010

Permanent Supportive Housing (PSH)

Guidelines

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ACKNOWLEDGEMENTS

In order to develop an appropriate and effective protocol, the State Community Services Office (SCSO) has met with a variety of stakeholders in order to elucidate the principles of housing first in a congregate permanent supportive housing setting and record best practices. SCSO has also drawn on the experience of PSH communities and community service providers as well as publications from the Corporation for Supportive Housing and the Utah Division of Substance Abuse and Mental Health.

We would like to thank all those who have participated in this process and have provided valuable guidance and feedback.

This protocol was made available for comment since April 2010.

These guidelines were approved by the Utah State Homeless Coordinating Committee on September 8th, 2010.

INTRODUCTION AND BACKGROUND

Purpose

In order to end chronic homelessness in our state it is necessary to create a system-wide approach that supports community based principles and enhances best practices. The purpose of a statewide protocol for Permanent Supportive Housing (PSH) communities is to ensure community engagement and support by outlining agreed upon standards and expectations for the *Housing First* initiative for chronically homeless individuals.

The U.S. Department of Housing and Urban Development (HUD) defines a chronically homeless individual as an adult who has a disabling condition, either due to a mental illness, physical limitation or substance addiction; and has experienced homelessness continuously for longer than one year, or four times in three years.

***Housing First* Philosophy and Permanent Supportive Housing Approach**

The philosophy of *Housing First* is to provide stable housing to individuals and families before addressing the barriers that those individuals face in terms of sustaining their own housing. Utah has implemented the *Housing First* philosophy by creating permanent supportive housing opportunities in order to end chronic homelessness according to the state's 10-year plan. Within permanent supportive housing: "The supportive services philosophy and design promotes and supports: housing stability; independence; community building and the development of support networks; and participation in meaningful activities, including employment, within the broader community" (www.csh.org).

Statement of Intent – Congregate Permanent Supportive Housing

This protocol includes recommendations for standards specific to congregate PSH communities in Utah and is intended to inform existing and future developments of PSH communities. It is not meant to determine state funding allocations or be included in contractual agreements.

Specified standards should not limit PSH providers from addressing specific circumstances or implementing innovative services or related practices as providers deem necessary. It is strongly encouraged that PSH communities and other community providers and funders address any and all issues or concerns with PSH or the *Housing First* philosophy openly so as to maintain the central purpose across providers, ensure community support for PSH communities, and inform future models in terms of best practices. Relevant stakeholders include PSH tenants, administrators, housing and supportive service staff; funders; emergency departments and first responders; local homeless and related service providers; and community leaders, volunteers, and neighbors.

It is expected that all PSH communities will strive to maintain best practices and provider support; and in so doing, will re-evaluate those best practices and progress towards those goals on a regular basis. This protocol is meant to be a living document and any changes or advancements in best practices should be incorporated into future iterations of this protocol.

Central Tenets of PSH

- Housing should be considered a basic need and is important for health, safety and overall well-being.
- In this setting, the core belief of PSH community providers is that positive life changes are possible for every individual served.
- Housing stability is the highest priority of PSH and is best facilitated through promotion and engagement of healthy living.
- In a supportive housing setting, housing and supportive services are considered separate needs and should be addressed separately.
- PSH communities should provide a range of accessible services to encourage healthy living based on tenant participation and choice.
- PSH communities must provide a healthy and safe and well managed facility for both tenants and staff.
- All PSH tenants have the same rights and responsibilities as all other citizens.
- A planning process for relocation should be developed in all PSH communities for tenants who, either for their own health and safety or the health and safety of others, would be best served in an alternative housing situation.
- Community service providers including emergency responders should meet monthly with PSH communities to collaborate on best practices and case specific issues.
- PSH communities and job developers should encourage and provide opportunities for employment related activities for all tenants who are able to work.
- PSH communities should incorporate measureable outcomes that are relevant to housing and service goals to ensure PSH goals and tenant well-being. These outcomes should be routinely reviewed by providers, funders, and include a system-wide commitment to learning, adaptation, and improvement.

Tenant Selection

The purpose of PSH is to reduce the number of barriers to housing as much as possible for those who would not otherwise be able to secure housing and need support in sustaining residence. Tenant selection is the process by which individuals are identified for potential residency and placement in any particular PSH community.

Process for Identifying Potential Tenants

The most appropriate tenants for PSH include chronically homeless individuals and families according to HUD's definition of chronic homelessness. The following considerations are recommended in order to target and prioritize chronically homeless individuals for housing:

- Those who are highly vulnerable due to health conditions or other related circumstances should be targeted for placement in PSH. Homeless providers and related agencies are recommended to have all individuals targeted for PSH complete a vulnerability assessment to assess the extent of homelessness, health issues, victimization or vulnerability, and social and behavioral skills.
- Chronically homeless individuals who are high users of community resources are recommended to be identified using records from community providers such as hospitals, jails, emergency services, shelters, and related services.
- Ease of placement is also an important consideration when identifying individuals as potential tenants of PSH. Individuals who are more vulnerable or have greater barriers to housing such as having a criminal record for violent, sexual or drug convictions are more difficult to place and should be weighed against availability of PSH units that legally can provide housing to those individuals.
- Ability to locate individuals and obtaining their consent to housing placement are also issues to consider when targeting and prioritizing chronically homeless individuals for PSH.

PSH Placement

Expectations for referral criteria are that chronically homeless individuals are identified on a provider list that is updated and reported regularly. Ongoing coordination among PSH communities, homeless providers, and community service providers is recommended to create a regular referral process in which members update a single priority list for all PSH communities based on the considerations listed above. Steps recommended for the referral process include:

- Once clients are identified and put on a waiting list for PSH communities, it is important to maintain regular communication with the client in order to place them into PSH as quickly as possible.
- Homeless providers are recommended to aid individuals who have been targeted in applying for tenancy with PSH communities.

- Potential tenants must be screened for eligibility purposes as well as have proof of identification, income and assets. Screening for eligibility criteria should include income, criminal background checks, and type of discharge from military service if applicable.
- Placements should be strategic and should consider the best match for each individual with PSH units available. To ensure the best placement for each targeted individual the following characteristics of the PSH community should be considered whenever possible: the composition of tenants, rules and restrictions, eligibility, location, services, and other factors deemed influential at each PSH community should be assessed.
- Recognize each unit has placement procedures and restrictions based on its funding.
- Recognize the need to balance time necessary for potential tenants to complete the leasing process with timeliness of filling a new unit.
- Finally, placement in PSH is up to the selected individual, and those who decide against moving into PSH should be encouraged but not forced or coerced but can be continually encouraged as new units become available.

RULES AND RIGHTS OF TENANCY

Rules of Tenancy

Tenants of PSH communities must abide by the same rights and responsibilities as all other citizens. Retention of housing is not conditioned on any other requirement than rules of tenancy and lease as defined by PSH communities.

Basic rules of tenancy are recommended to include the following:

- Tenants must abide by local and state laws, terms of their lease, lease addendums, and housing rules.
- Tenants are not allowed to interfere with others' rights, comforts, and conveniences by causing conditions that are dangerous, hazardous, threatening, unsanitary, or which threaten general health and safety.
- Tenants must pay 30% of their income towards rent or targeted amounts as determined by unit funding requirements.
- Tenants must maintain the condition of their units.
- Based on the model of supportive housing, tenants are not required to participate in case management unless agreed upon by PSH community and tenant in lease agreement.

In order to maintain a safe and secure environment for all tenants and staff, policies and procedures regarding repercussions for violations of rules and general health and safety threats should be reasonable and consistently applied and should consider both the rights of the tenant and the legality of their actions.

Tenant Rights

Each resident must be provided with a copy of the Building Rules and should sign a copy as part of their lease.

Tenants should be guaranteed basic rights including:

- The right to peaceful enjoyment and to be treated with dignity and respect by all others in the PSH community.
- All tenants should be given reasonable accommodation and expectations for safety and security of their information and person.
- All tenants should be given opportunities to make requests or grievances as well as the ability to choose whether to receive supportive services or participate in related activities.

These rights should be documented and provided to tenants along with other pertinent information such as building rules, rules of tenancy and policies and procedures relevant to residency. Rights should address the requirements of HIPPA, the Americans with Disabilities Act, and other laws pertaining to tenancy of PSH communities. Releases of information or MOU's should be provided to tenants to approve of any sharing of their information with other persons or agencies.

PSH COMMUNITY-BASED SERVICES

All PSH communities should create and maintain policies and procedures directed towards tenants and staff that are reasonable and consistently applied in order to ensure the objectives of the *Housing First* philosophy while also considering the health, well-being and safety of tenants and staff.

Administration

PSH community administrators are encouraged to review and incorporate as much as possible best practices established by other PSH communities and nationally based publications on supportive housing, for example the Corporation for Supportive Housing's publication titled "The Seven Dimensions of Quality for Supportive Housing".

PSH administration should provide designated staff that is competent and diverse and provide training to ensure continuity of care to best serve tenants. All staff should be provided with clear roles and responsibilities and should be given reasonable rights to a safe and secure working environment. Staff should be afforded the flexibility to handle situations within the guidelines and philosophy of PSH communities and should be given a process for making requests or filing complaints or grievances. All staff should have a basic orientation to the *Housing First* philosophy, which should include the most effective ways to respond to tenants in terms of communication and role in de-escalation in crisis situations.

A clear delineation must exist between the roles and responsibilities of property managers and supportive services. Property managers should focus on specific managerial tasks and maintain their role of enforcing building and tenancy rules. Equally, case management should act as an advocate for their clients, fostering a positive relationship with their clients and thus engage in more effective case management.

Collaboration among all PSH community staff is recommended to include regular meetings to review incident reports, emergency service usage, placing new tenants or moving existing tenants, general well-being of tenants, program feedback, staff and resident feedback, etc. The need for specialized services should be addressed for each tenant and accommodated as much as possible.

Solicitation of tenants' and staff feedback should occur whenever possible. Tenant feedback regarding their interests for activities as well as their needs is a crucial engagement strategy that gives tenants a greater sense of control and value, which ultimately promotes greater investment in their well-being. Feedback can be sought through residential surveys, focus groups, having regular forums for comments, or asking tenants regularly for their input. Also, establishment of resident councils is encouraged.

Policies and procedures should exist for referral, admission and related processes for tenants, staff and collaboration with community providers and emergency services. Services should be organized and staffed to provide general and specialized interdisciplinary services with crisis services available 24 hours per day, 7 days per week.

Property Management

The role of property management in PSH communities is to maintain housing standards and provide a safe and secure environment that is attractive and fosters a supportive environment for tenants and staff.

Responsibilities

Property managers are responsible for the following:

- Conducting regular inspections of residential units at least every 6 months using a consistent and reasonable standard.
- Collecting rent from tenants.
- Maintaining financial requirements.
- Creating and maintaining preparedness plans for emergency response (police and fire), health threats such as infectious diseases, death of resident, visitors, crisis prevention and intervention, and other related occurrences.
- Establish and maintain security and building rules.
- Regularly update policies and procedures and ensure that it is publicized and available to tenants and staff.
- Generally overseeing the maintenance of premises as with any other housing property.
- Ensuring the health and safety of tenants and staff by enforcing building rules and rules of tenancy, including reporting any illegal activity to the proper authorities.

Property Management and Security

Property management and security should operate 24 hours a day, 7 days a week, including available maintenance and janitorial staff. It is recommended that security include both designated staff and monitored cameras.

Building Rules and Rules of Tenancy

It is recommended that building rules should consider policies for alcohol and smoke free areas, prevention of property damage, reasonable access to apartments, and a tenant absentee policy. PSH communities should consider establishing rules regarding visitors with allowable exceptions for supporting families and fostering positive relationships.

Ensuring the Health and Safety of Tenants and Staff

If any issues arise with respect to tenants, property managers should work with case managers and other staff to find a resolution. Property managers should develop policies and procedures with local law enforcement for how to identify and report illegal activity.

Tenants and staff should be provided the assurance that they do not have to live or work in an environment where they feel threatened, unhealthy or neglected. To prevent these situations, a planning process for relocation should be developed for tenants who, either for their own health and safety or the health and safety of others, would be best served in an alternative housing situation. PSH communities should identify alternative housing situations such as respite, treatment, other PSH communities or PSH models such as scattered site housing, for placement of tenants that PSH communities themselves are unable to optimally serve.

Case Management

Case management is a form of service coordination and support that assists persons with identifying and obtaining the services they need in order to maintain housing stability, increase their well-being, and optimize their adjustment in the community. In case management, one person, or a team of providers, assumes the management of the care of a person and provides a continuity of care for the client. Tenants engaged in case management should be considered clients of case managers.

Composition of Case Management Teams

An integrated approach or service model is recommended where an individual and or a multidisciplinary team provides case management for tenants. Across all PSH communities there should be agreement on a standard skill set or core competency that determines whether a case manager is qualified to work in a PSH setting. All case managers must have a core competency that includes experience and/or certification or advanced degree in social work, psychology or related field, and experience working with chronically homeless individuals. The State of Utah is working towards a certification process. Case managers should also be enthusiastic, flexible, and have a good rapport with tenants and manage well in a PSH environment.

PSH communities should consider the following factors in terms of the composition of the team of case managers:

- diversity in age, gender, experience (including entry level), and education
- clinically licensed person should be on staff that has the authority to diagnose disabling conditions
- specialties such as mental and behavioral health specialties
- experience working with chronically homeless individuals
- supervisory position to direct casing assignments, staffing, and provide feedback and support for case management team

Responsibilities

Case managers are responsible for the following:

- Maintain an awareness of community resources and best practice skills by regularly attending trainings, meetings and keeping up to date with licenses and other requirements.

- Work to develop a healthy and supportive rapport with tenants whenever possible.
- Promote healthy living to avoid isolation and increase empowerment, well-being, self-worth, independence, and community integration by encouraging tenants to participate in case management and engaging them socially and productively with other tenants, staff, and the community with structured activities.
- Develop incentives and provide education for tenants to participate in employment-related activities such as volunteerism, vocational training, job search activities, education, and paid employment.
- Identify clients' needs, abilities, state of their disabling condition, strengths, wants and barriers to individual goals and positive living.
- When necessary work with local law enforcement to identify and resolve outstanding warrants or other criminal charges when possible.
- Develop plans and timelines for each client that are client centered and are tailored to each individual's circumstances, needs, strengths, level of engagement, and wishes. Plans are an outlined process for how a client's goals in terms of needs or wishes will be met.
- Aid each client in achieving the goals of a plan by helping clients identify and obtain services and resources on and off site that they need to maintain housing stability, increase their well-being and more fully integrate into the broader community. Include clients in making decisions for themselves and sharing responsibilities.
- Monitor client progress and well-being by establishing at least weekly contacts with all tenants including welfare checks for those not participating in case management. Also, meet regularly as a case management team to review all clients' welfare and their progress on goals established in their plans.

Training and Support

- PSH communities must maintain a supportive environment for case managers to promote retention, well-being and an effective work environment. This includes clear roles and responsibilities, training, support for case managers as well as supervision and support from experienced, senior level staff.
- Case managers should have reasonable compensation and benefits and career development opportunities should be provided.
- A training regimen and schedule should be established across PSH communities conducted by knowledgeable members of the community.
- Case managers should be familiar with these basic set of skills and philosophies for engaging clients including:
 - Relationship Building
 - Motivational Interviewing
 - Time Management
 - Housing First Model
 - Employment/Income Based Activities
 - Trauma Awareness

- Regular trainings should be provided on the following:
 - substance abuse and addiction
 - mental illness
 - chronic homelessness
 - cultural competency
 - crisis de-escalation and response strategies
 - completing institutional forms
 - recording case notes
 - entering data in HMIS
- Case managers should be trained on how their work relates to the services provided by other community partners and how the case managers can connect with these partners to provide services to PSH tenants.
- Each PSH project should have a designated experienced professional to contact for guidance and support. Development of a case management community resource guide is recommended for this purpose.
- Oversight from a supervisor in and out of specific PSH communities should include weekly case management meetings to discuss clients and processes.
- All case managers should be provided support from experienced and trained senior level staff.

Caseload

Caseload is defined as the number of clients who are actively engaged in the case management process or are assigned to each case manager. A standard maximum caseload should be established and is recommended to be as minimal as possible, keeping in mind that smaller caseloads allow more individualized attention and should achieve better outcomes for clients.

Determination of a reasonable caseload should be evaluated in terms of the following:

- number and intensity of clients
- reflect the developmental and cognitive stages of clients
- situational factors such as length of residency
- whether clients are receiving additional case management in the community
- A case manager's experience, specialty and career goals should also be considered. In the instance of substance abuse, understanding the various stages of sobriety, abuse and addiction for various drugs and long term use resulting in trauma or brain injuries is important.
- Caseload decisions should include matching tenants to case managers in terms of need, intensity, and other special considerations; sharing clients or co-case managing when appropriate and determining the level and availability of case management for crisis situations is also recommended.
- In addition, it is important to manage tenants' expectations in terms of the generation gap that usually exists between tenants and case managers and the availability of case managers' time and their purpose.

Supportive Services

PSH communities are strongly encouraged to develop partnerships with community providers for both on and off-site provision of supportive services in order to promote higher quality of life for tenants, minimize the caseload for case managers, and foster relationships with the local community. It is recommended that additional sources of support should be integrated in the daily operations of PSH communities with at least one staff member dedicated to service coordination of supportive services.

Services, on- or off-site, should address to some degree - prevention, monitoring, management, treatment and referrals for the following:

- Medical Services HIV/AIDS Services
- Assistance in Acquiring Mainstream Benefits
- Mental Health Services
- Substance Abuse Treatment Services
- Vocational and Employment Related Services
- Money Management Services
- Legal Services
- Transportation
- Life Skills Training
- Advocacy
- Support in Establishing Peer Counseling and Resident Leadership
- Engagement Activities

The following are additional sources of supportive services from the community that can augment services offered by PSH Communities in terms of programs, workforce, and funding:

- Volunteers and AmeriCorps
- Homeless Providers such as Outreach Service Providers
- Alcoholics and Narcotics Anonymous
- Religious Institutions
- Department of Workforce Services
- Department of Veterans Affairs
- Mental Health and Substance Abuse Providers
- Medicaid and Medicare Services
- Local Health Clinics and Providers
- SSI/SSDI Outreach - Awareness and Recovery (SOAR) Trained Individuals
- Other Private or Non-profit Organizations

Community Relations and Partnerships

Developing Broader Community Relationships

PSH communities are encouraged to maintain regular contact with community members such as neighbors, local businesses, churches, local emergency service providers, local government, and other pertinent members in order to maintain relevancy and political and local community support for current and future PSH communities.

Community members should be kept informed and included as much as possible in the decision-making processes in terms of development, planning and service delivery models. Whenever possible, PSH communities should meet with community members to keep them informed and to solicit feedback. In addition, it is recommended to include those persons in any public events to foster engagement and positive relationships with community members. PSH community administrators should consider attending local Community Council meetings and keep city council members and mayor's staff up to date on the PSH community's progress and status.

Collaboration with Community Service Providers

In order to be most effective, Housing First programs must be as integrated as possible into the surrounding community in terms of provision of supportive services, identifying potential tenants, assurance of health and safety, and ongoing community support by fostering collaboration and establishing partnerships with other community service providers.

Community service partners should include the following:

- Police Departments
- Fire Departments
- Ambulance
- Public and Private Funders
- Homeless Providers – outreach and shelter
- Housing Authorities
- Hospital Emergency Services
- Mental Health and Substance Abuse Providers
- Local Health Clinics and Providers
- Department of Workforce Services
- Department of Veterans Affairs
- Department of Human Services
- Department of Health - Medicaid and Medicare Services
- Respite and Care Facilities

PSH communities should develop policies and procedures, when appropriate, that incorporate the following in conjunction with other community service providers in order to develop effective partnerships:

Communication

- Maintain regular contact across all pertinent community service providers and establish who should be included in various meetings and discussions.
- Establish lines of communication across partner agencies with administrators and frontline staff and establish who is most appropriate to contact in emergency cases and for questions and concerns as well as the best form of communication in those instances.

Development and Training

- Complement efforts of various community service providers through design of facilities and programs, for example incorporating Crime Prevention through Environmental Design Training (CPTED).
- Identify and develop prevention and preparedness plans for emergency service response, natural disasters, public health threats, and potential health, safety and legal issues in order to ensure tenant and staff safety and sustain livability throughout any emergency situations. (Technical assistance in plan preparation is available from the Division of Housing and Community Development's Olene Walker Housing Loan Fund staff).
- Establish training between PSH communities and local service providers and include orientation to Housing First philosophy and other agencies' central missions, approach and goals in order to create familiarity and mutual understanding. Training should include communicating best practices across agencies.

Foster Positive Relationships

- Identify and openly discuss conflicting ideologies, policies, and procedures across agencies and try to work towards a resolution or mutual understanding.
- Foster positive experiences by providing opportunities for community members and providers to engage in social activities with tenants.

Community Services

- Identify the most convenient, appropriate, cost effective and effective service alternatives to communicate to tenants and staff. With that, establish and communicate to tenants and staff the most appropriate use of community services in terms of what constitutes an emergency versus nonemergency situation.
- Establish effective partnerships though discussing responsibility of each agency in terms of how best to serve tenants within the mission of PSH communities.

Information Sharing

- Establish policies and procedures for sharing tenant information and individual incident reports, including documentation and authorization as necessary and how the information will be used and stored.
- Establish what information is pertinent to various groups and how to keep information up-to-date and available such as with information for emergency responders (e.g. Vial for Life – tenant health and prescription information stored in residence for medical responders).

Coordination of Services

- Establish which tenants are being served by multiple agencies and incorporate tenant/client based discussions when appropriate.
- Develop tenant selection, placement, and relocation/positive discharge procedures across community providers.
- Support tenants' ability to access community services by working with partner agencies to develop processes for making appointments and referrals, providing transportation, and how best to follow-up across agencies to ensure tenants get the services they want or need.

Monitoring Outcomes

- Develop an agreed upon methodology for monitoring any pertinent outcomes including what to monitor, how often, who's responsible, appropriate baseline and trend, contextual factors, interpretation outcomes, and how that information will be used.

Community Service Provider Meetings

It is recommended that PSH communities facilitate coordination by holding regularly scheduled meetings as agreed upon by community service partners. These meeting should address the establishment of system-wide policies and procedures by addressing the points outlined above as well as present and discuss outcomes monitored across agencies and any particular instances where resolution requires system-wide intervention.

PSH Outcome Measurements

Data pertinent to placement, services, and residential and staffing outcomes are important to collect in order to inform best practices and ensure positive outcomes for tenants and the broader community.

Regular reporting of outcomes should be developed to reflect the various aspects of PSH communities and their impact. These outcomes should be routinely reviewed by providers, funders, and include a system-wide commitment to learning, adaptation, and improvement and should be referenced in internal PSH community meetings as well as monthly community service provider meetings. Included below are suggestions for goals, outcome indicators, frequency of data collection and reporting, and responsible party for collecting data, all of which should be determined based on what is most effective and practical for each PSH community.

Once measures are properly implemented, baselines and reasonable goals should then be established to facilitate evaluation of PSH communities in terms of best practices, needs and overall impact. Poor outcomes in any area should necessitate reassessment of service model, functioning of service partnerships, best practices and capacity. All outcomes should be interpreted in the context of political/community support, tenure of the facility, demographics and needs of the tenants served, staff capacity, and other factors that may influence the representativeness and accuracy of these outcomes. The subsequent goals and measurements are not meant to be comprehensive and other potential outcomes should be explored for future use.

The following measures are recommended for determining the impact of PSH communities for tenants and broader community:

Goal: Increase Housing Stability

- Housing stability should be recorded as the period of time each tenant remains in any permanent housing (PSH community or other) from initial placement.
- For those who leave housing, it should be established whether their exit is positive, negative or neutral so as not to skew a measure of housing tenure negatively when tenants exit to positive independent living situation. What constitutes as positive, negative and neutral should be examined by PSH stakeholders who should consider the consequences for both the individual and for the project as a whole.
- The overall percent of tenants that maintain permanent housing should be monitored regularly and assessed at least annually by PSH communities.

Goal: Provide PSH to the Most Vulnerable Individuals

- Tenants of PSH communities are intended to be the most vulnerable individuals in our community.
- An assessment of vulnerability should be administered to each individual targeted for PSH by homeless providers that serve those individuals.
- Whenever possible compared with the larger homeless population to ensure those with the greatest need are being served.
- The concept of vulnerability and how to best capture that notion should be examined regularly and should be systematically assessed for all individuals who are placed in PSH using a vulnerability index specifically tailored for individuals targeted for PSH communities.

Goal: Increase Community Cost-Avoidance and Savings

- Measuring cost savings should consist of establishing a baseline of community service utilization for individuals before PSH placement and monitoring the trend of usage after housing by PSH communities with the goal of reducing utilization over time. Emergency calls to police and fire departments should be reviewed at least quarterly by emergency providers in conjunction with PSH communities.
- Community services to monitor should include, whenever possible, utilization of emergency services such as police, fire and ambulance response; emergency department and inpatient hospital stays; mental health and substance abuse program usage, including treatment services and detox; and jail and prison stays, including the number of incarcerations and days in jail or prison.

Goal: Increase Income and Participation in Employment and Mainstream Services

- Case managers and job developers are asked to record income, employment and mainstream benefit participation in the Utah Homeless Management Information System (UHMIS).
- Income should be monitored in terms of sources and amounts and whenever possible estimations for informal labor should be included in overall gains of income.
- Employment-related activities should include volunteerism, vocational training, job search activities, education, and paid employment of any duration or level of compensation. Information on tenants' interest and ability to work at various levels of intensity should be taken into consideration.
- Utilization of mainstream benefits should be tracked as changes occur and should be monitored relative to the number of eligible persons for each type of benefit on an annual basis by PSH communities with the support of the agencies who provide those services.
- Benefits include but are not limited to Medicaid, Medicare, CHIP, TANF, WIC, Food Stamps, VA, SSI, SSDI, GA, and unemployment benefits and employment services.

Goal: Increase Capacity of Emergency Services

- The volume of shelter nights or related services such as outreach services consumed by each individual targeted for PSH should be tracked to determine the added capacity to homeless services obtained by placing chronically homeless individuals in PSH communities.
- Homeless providers who identify potential tenants for PSH communities should track these utilization rates regularly as an indication if an individual's need for placement.
- This may also factor into additional capacity for hospital emergency rooms and related services.

Goal: Improve or Maintain Quality of Life

- Quality of life assessments should include dimensions of well-being, independence, and development of social support networks and be monitored on a regular basis for all tenants.
- Quality of life should be monitored using the dimensions self-sufficiency matrix (SSM) or related systematic method, as well as through tenant surveys and interviews.
- Any evaluation in the monitoring of independence, well-being should take into account, as much as possible, aspects or characteristics of individuals such as demographics, personal circumstances related to disabling conditions, length of residency, or other pertinent circumstances that would hinder the interpretation of any change in well-being or independence as due to something other than directed interventions.
- PSH communities should consider informally monitoring the extent to which tenants are engaged in social and related activities beyond case management as well as peer support, leadership, and any other indicators of quality of life improvements or community integration in order to improve best practices.

Goal: Ensure Quality Case Management

- Primarily, turnover, training, and caseload should be monitored across all PSH communities.
- Turnover of case managers should include the number of case managers turned over annually, the number of months each case manager remains employed and the reasons for turnover. PSH communities should conduct an exit interview with departing case managers.
- PSH communities should monitor the percent of trainings attended that are established for a core competency as well as additional trainings to ensure that case managers have exposure to the techniques and information that are vital for their work.
- Caseloads should be monitored regularly in terms of the number of clients assigned to each case manager and the intensity of those clients relative to each case manager's expertise and experience. Also, consideration of case management provided by off-site community service providers should be incorporated in describing caseloads.

Future Developments of PSH Protocol

To be effective, regular reviews and updates of best practices should be incorporated into future iterations of this PSH protocol. This version of the PSH protocol is merely a starting point from which to organize additional best practices in a variety of areas not covered here. Future iterations of this protocol should further address refinement of measurements, best practices, potential funding sources and partner agencies, and coordination between PSH communities and community providers and emergency responders.

The State Community Services Office will facilitate future assessments of the PSH protocol and incorporate into future iterations on a yearly basis. Future iterations will be presented to the Utah State Homeless Coordinating Committee for approval.

Moving forward, determination of the most effective and appropriate PSH models for both urban and rural settings in terms of congregate, scattered site, and mixed use models is necessary. Recognizing that some tenants can flourish more in one model versus another, alternatives should be available so as to relocate individuals to a more appropriate permanent supportive housing setting in order to maximize positive outcomes for the individual and the PSH community.

Finally, it should be a goal of PSH communities and community partners to identify other sources of funding including federal, state and local opportunities as well as foundation grants for supportive services. Additionally, community partnerships are strongly recommended in order to maintain support for current and future development of PSH.

Contact Information

For comments, questions or concerns please contact the State Community Services Office at 801-538-8800 or jday@utah.gov.